Washington State Health Care Authority
Health Information Infrastructure Advisory Board

Draft Proposal for Community Health Information Infrastructure Governance

Summary

To govern the Washington State Health Information Infrastructure, a non-profit
organization should be established with a Board representing the key stakeholders.

Overview

The prior "Governance Overview" document presented and discussed by the HIIAB on
2/23/06 (attached) recommended creation of a 501(c)(3) or 501(c)(4) non-profit
organization. Building on that recommendation, this document describes potential Board
representation for such an organization.

The goals of the proposed Governance Board are to have balanced representation of all
the key stakeholders such that:
    1. Each stakeholder group has a voice in the decision-making process
    2. No stakeholder group has sufficient power to force a particular decision
    3. No stakeholder group has sufficient power to veto a particular decision
    4. The number of Board members is odd to avoid tie votes

Recommendation:
To accomplish the goals above, the following minimum stakeholder representation is
recommended:

Stakeholder Group	*Number of Representatives*
Consumers	3
Physicians	1
Nurses	1
Other providers	1
Clinics	1
Hospitals	1
Pharmacies	1
Plans & payers	1
Employers	1
HIT infrastructure organizations	1
Public Health	1
State of Washington	1
At large stakeholders (selected by Board)	3

TOTAL: 17

2/23/06

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Overview of Community Health Information Infrastructure Governance

Summary

Most U.S. communities are utilizing multi-stakeholder non-profit organizations to provide governance for community health information infrastructure projects. All five of the most advanced communities in the nation have created new multi-stakeholder organizations for this purpose, with four of the five being non-profit.

Details

According to a 2005 survey of more than 100 community health information infrastructure (HII) projects by the eHealth Initiative, 44% of all communities use a corporation for governance. This percentage increases to 60% for those communities in the "advanced" stages (but not necessarily operational). Seventy percent of the organizations in HII communities are non-profit, with an additional 8% for profit and LLCs respectively. The remaining 14% operate via contractual agreements among the stakeholders. Fifty-five percent of the organizations are described as multi-stakeholder. Only 3% of HII communities reported that the lead organization was the State government.

In the five most advanced HII communities in the nation, the governance organizations are:

> Spokane: hospitals moving to multi-stakeholder non-profit (NEW)
> Bellingham: multi-stakeholder LLC (NEW)
> South Bend: 501(c)3 multi-stakeholder non-profit (NEW)
> Cincinnati: 501(c)3 multi-stakeholder non-profit (NEW)
> Indianapolis: 501(c)4 multi-stakeholder (NEW; evolved from academic medical center)

While our present state of knowledge about successful governance models for HII in communities is quite limited, the clear trend is toward multi-stakeholder non-profit organizations, especially in communities with large systems that are currently operational.

Recommendation

Absent a compelling argument to the contrary, formation of a new multi-stakeholder non-profit organization (either 501(c)3 or 501(c)4) is currently the best choice for HII governance.